

EPI-GAZETTE

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Seminole County Health Department
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Measles Case Identified in a Seminole County Resident

A case of measles has recently been diagnosed and laboratory confirmed in a Seminole County resident. The source of the infection has not yet been determined. Enhanced surveillance for reports of rash illnesses is advised until March 14, 2013.

Measles is transmitted person to person through the air by infectious droplets or direct contact with nasopharyngeal secretions and is one of the most highly communicable infectious diseases. Measles is a reportable disease in Florida (as required by Chapter 640-3, Florida Administrative Code), and cases should be reported immediately 24/7 upon initial suspicion by telephone to the Seminole County Health Department as soon as the diagnosis is suspected, without waiting for confirmation, at (407) 665-3000.

If a measles case is suspected or diagnosed, the following information is provided to help reduce the possibility of transmission:

- 1) Notify the Seminole County Health Department immediately 24/7 of any suspect measles diagnosis.
- 2) Clinicians seeing a patient with fever and other symptoms of measles should ask about vaccination history and any recent international travel. Due to the severity of measles, infected persons are very likely to seek medical care.
- 3) Review files of all health care workers to determine evidence of measles immunity (e.g. physician-diagnosed natural measles infection, evidence of measles immunity, or receipt of 2 doses of measles vaccine).
- 4) To prevent transmission of measles in health care settings:
 - Any suspect measles case should be asked to wear a surgical or procedure mask to prevent the spread of particles and reduce the likelihood of airborne transmission while in the healthcare facility.

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- Influenza Surveillance
- Monthly Reportable Disease Table

- Escort any suspect case with rash illness or with other potential airborne diseases to a separate waiting area or private room.
- Airborne infection control precautions should be followed stringently or, if negative air-pressure rooms are not available, cases should be placed in a room with the door closed.
- Susceptible health care workers should not enter the room if immune healthcare providers are available. If an immune health care provider is not available, the susceptible healthcare worker should wear an N95 or higher level respirator (use masks if respirators unavailable) to filter airborne particles and reduce the likelihood of airborne transmission. Further information on precautions can be found at <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>
- Do not place susceptible individuals in a room that has been occupied by a suspect case for 2 hours following the case's exit.
- If a case is hospitalized while infectious, maintain airborne precautions (in addition to standard precautions) in a negative pressure room. (Cases are considered infectious for 4 days before through 4 days after rash onset, counting the day of rash onset as day zero).
- If not admitted, maintain respiratory isolation until the case has exited the facility. (e.g., mask, separate exit). Cases should remain in isolation at home through the 4 days after rash onset, counting the day of rash onset as day zero. Cases may resume normal activities on the 5th day.

5) Identify all persons coming in contact with any suspected case. This includes patients and families in the waiting and examination rooms up to 2 hours after the suspected case was present and all healthcare workers both with and without direct patient contact. Due to airborne route of transmission, those exposed may include everyone in the entire facility.

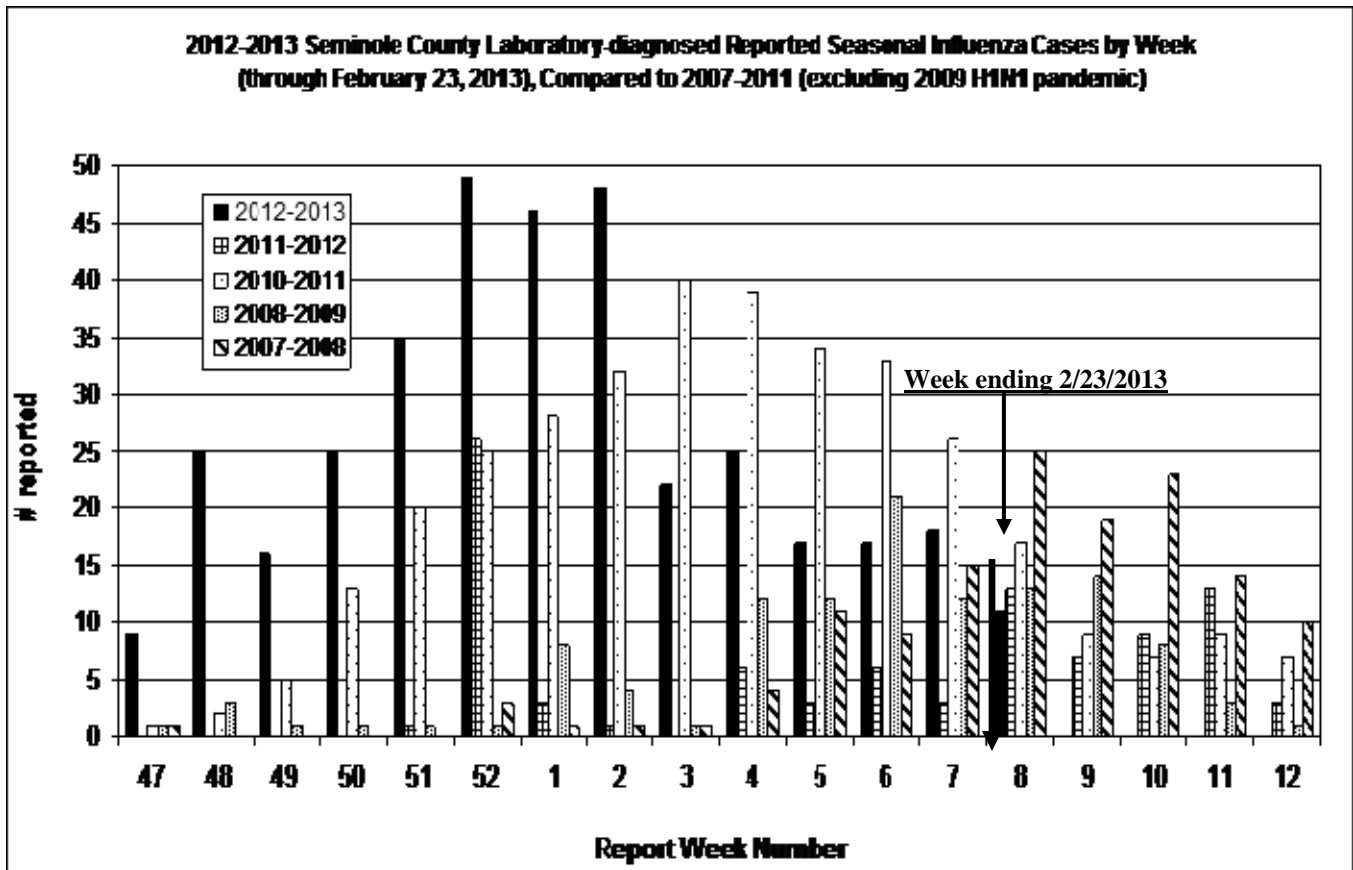
6) Determine which persons coming into contact with a suspected case are susceptible to measles (particularly those at high risk for disease) and offer MMR vaccine within 72 hours of exposure, or for high-risk susceptible contacts and those ineligible for vaccination, immune globulin within 6 days after exposure. A susceptible contact was born in 1957 or after, and has no written record showing dates of receipt of at least 2 doses of measles-containing vaccine received on or after the 1st birthday or no record of measles immunity confirmed by serology. Vaccination even shortly before or after exposure may prevent disease or lessen the symptoms in people who are infected with measles. Immune globulin is indicated for susceptible household or other close contacts of patients with measles, particularly contacts < 1 year of age, pregnant women, and immunocompromised people for whom the risk of complications is highest or others for whom vaccine is contraindicated.

7) Exclusion of susceptible individuals:

- All healthcare workers born in or after 1957, who have not received the second dose of measles vaccine before being exposed to a measles case must receive a second dose of measles vaccine within 72 hours of the exposure or they must be excluded from 5 days after their earliest exposure through 21 days after their last exposure to the case during his/her potential infectious period.
- Healthcare workers who contract measles should be excluded for 4 days after their first day of rash onset.
- In special high-risk healthcare settings such as transplant, oncology, neonatal units, etc., exclusion criteria should be even more rigorous. Infection control personnel may wish to exclude all susceptible personnel even if they have been immunized within 72 hours.

8) Healthcare clinicians should remain vigilant regarding the possibility of measles, especially in persons who travel abroad and unvaccinated individuals.

The 2012-2013 Influenza Season in Seminole County, through February 23, 2013



The above graph represents numbers of laboratory diagnosed influenza A and B cases reported to the Seminole County Health Department up to February 23 (i.e., "Report Week 8") for the 2012-2013 influenza season, compared to the previous influenza seasons excluding the 2009 H1N1 pandemic.

While this graph cannot be assumed to reflect the true number of influenza cases within the county, they do give an indication of the trends in numbers of cases during this period, and suggest that this current flu season began earlier than those in the previous 5 years.

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Thank You For Your Participation!

The Epidemiology Program would like to thank the Florida Hospital Centra Care locations throughout Seminole County for agreeing to participate in the 2012-2013 Influenza Sentinel Program.

For more information about Florida's List of Reportable Diseases/Conditions, please contact Gregory Danyluk, PhD at 407-665-3266.

Selected Diseases/Conditions Reported to the Seminole County Health Department	2012 through Week 52	2011 through Week 52	2010 through Week 52	2009–2011 Average through Week 52
AIDS*	25	37	47	47.3
Animal Bite to Humans**	24	27	19	23.3
Animal Rabies	6	5	4	5.7
Campylobacteriosis	43	36	12	20.7
Chlamydia	1416	1482	1350	1353.3
Cryptosporidiosis	6	2	3	4.0
Cyclosporiasis	1	1	3	2.3
Dengue	4	0	3	1.0
<i>E. coli</i> Shiga toxin-producing	10	7	5	4.3
Giardiasis	19	14	33	23.3
Gonorrhea	336	271	352	330.0
<i>Haemophilus influenzae (invasive)</i>	1	4	2	3.0
Hepatitis A	3	3	0	3.3
Hepatitis B (acute and chronic)	71	88	64	68.3
Hepatitis C (acute and chronic)	368	299	301	276.3
Hepatitis B in Pregnant Women	4	9	9	7.7
HIV*	46	66	59	64.0
Lead poisoning	9	3	5	4.0
Legionellosis	6	2	3	5.7
Lyme Disease	3	2	1	2.7
Meningococcal Disease	1	0	1	0.7
Pertussis	12	2	1	2.7
Salmonellosis	100	93	121	114.0
Shigellosis	44	18	10	10.0
<i>S. pneumoniae – drug resistant</i>	7	14	17	12.3
Syphilis	35	42	22	39.0
Tuberculosis	6	14	10	10.7
Varicella	15	18	23	20.0

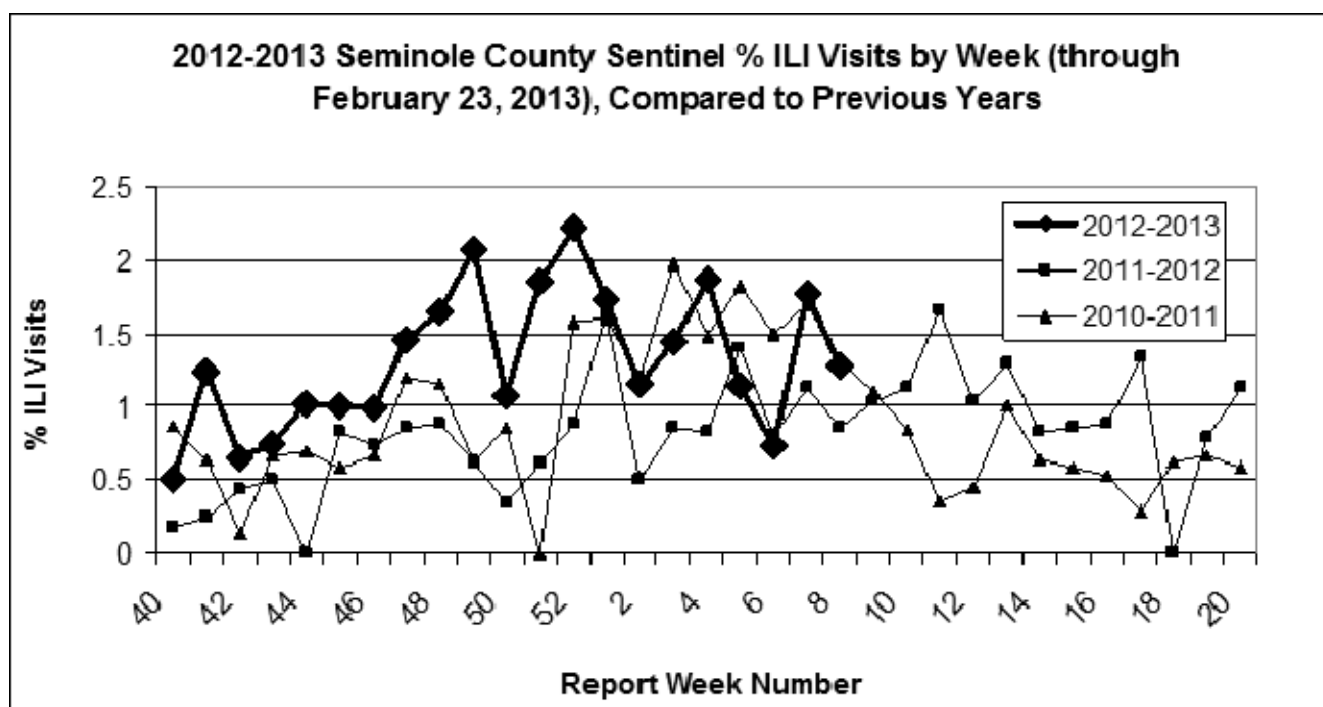
* HIV data includes those cases that have converted to AIDS. These HIV cases cannot be added with AIDS cases to get combined totals since the categories are not mutually exclusive. Current AIDS/HIV data are provisional at the county level.

** Animal bite to humans by a potentially rabid animal resulting in a county health department or state health office recommendation for post-exposure prophylaxis (PEP), or a bite by a non-human primate.

Reported cases of diseases/conditions in **Bold** are >10% higher than the current three year average for the same time period.

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The following graph represents the mean percentage of visits for influenza-like illness (ILI) reported by sentinel physicians in Seminole County for the 2012-2013 season up to February 23, 2013 (Week 8) compared to previous seasons. For the purposes of surveillance, ILI is defined as fever $>100^{\circ}\text{F}$, AND sore throat and/or cough in the absence of another known cause.



The graph below represents the percentage of local emergency department visits for ILI in Seminole County for the 2012-2013 season up to February 23, 2013 (Week 8) compared to the 2011-2012 and 2010-2011 seasons by patients' chief complaint, as measured by the ESSENCE syndromic surveillance system.

